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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

LORRAINE J. ESPINOSA,	)	NO. ED CV 06-742-E
	)	
Plaintiff,	)	
	)	
v.	)	<b>MEMORANDUM OPINION</b>
	)	
JO ANNE B. BARNHART, COMMISSIONER	)	<b>AND ORDER OF REMAND</b>
OF SOCIAL SECURITY ADMINISTRATION,	)	
	)	
	)	
Defendant.	)	
	)	
	)	

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Pursuant to sentence four of 42 U.S.C. section 405(g), IT IS  
HEREBY ORDERED that Plaintiff's and Defendant's motions for summary  
judgment are denied and this matter is remanded for further  
administrative action consistent with this Opinion.

**PROCEEDINGS**

Plaintiff filed a complaint on July 20, 2006, seeking review  
of the Commissioner's denial of benefits. The parties filed a  
consent to proceed before a United States Magistrate Judge on

1 August 10, 2006. Plaintiff filed a motion for summary judgment on  
2 December 28, 2006. Defendant filed a motion for summary judgment on  
3 January 17, 2007. The Court has taken both motions under submission  
4 without oral argument. See L.R. 7-15; "Order," filed July 24, 2006.  
5

#### 6 **BACKGROUND AND SUMMARY OF ADMINISTRATIVE DECISION**

7

8 Plaintiff asserts disability since August 1, 2003, based on,  
9 inter alia, alleged mental impairments (Administrative Record  
10 ("A.R.") 50-52, 148-61, 235-37, 239-41). In 2004, Dr. Denise  
11 Dittmore, Plaintiff's treating psychiatrist, opined Plaintiff "has  
12 depression and paranoia which are marked" (A.R. 156). In 2003,  
13 Dr. Dittmore rated Plaintiff's GAF at 45 (A.R. 161).  
14

15 An Administrative Law Judge ("ALJ") found Plaintiff has no  
16 severe mental impairment (A.R. 13). The ALJ failed to mention  
17 Dr. Dittmore or Dr. Dittmore's opinions (A.R. 11-16). With regard  
18 to Plaintiff's treatment for alleged mental impairments, the ALJ  
19 stated only: "[t]he record documents fleeting mental health treatment  
20 and does not document any psychiatric hospitalizations" (A.R. 13).  
21 The ALJ denied benefits (A.R. 11-16). The Appeals Council denied  
22 review (A.R. 4-6).  
23

#### 24 **STANDARD OF REVIEW**

25

26 Under 42 U.S.C. section 405(g), this Court reviews the  
27 Commissioner's decision to determine if: (1) the Commissioner's  
28 findings are supported by substantial evidence; and (2) the

1 Commissioner used proper legal standards. See Swanson v. Secretary,  
2 763 F.2d 1061, 1064 (9th Cir. 1985).

3  
4 **DISCUSSION**

5  
6 Social Security Ruling ("SSR") 85-28<sup>1</sup> governs the evaluation of  
7 whether an alleged impairment is "severe":

8  
9 An impairment or combination of impairments is found  
10 'not severe' . . . when medical evidence establishes  
11 only a slight abnormality or a combination of slight  
12 abnormalities which would have no more than a minimal  
13 effect on an individual's ability to work . . . i.e.,  
14 the person's impairment(s) has no more than a minimal  
15 effect on his or her physical or mental ability(ies)  
16 to perform basic work activities . . .

17  
18 Great care should be exercised in applying the not  
19 severe impairment concept. If an adjudicator is unable  
20 to determine clearly the effect of an impairment or  
21 combination of impairments on the individual's ability  
22 to do basic work activities, the sequential evaluation  
23 process should not end with the not severe evaluation  
24 step.

25 ///

26  
27 <sup>1</sup> Social Security rulings are binding on the  
28 Administration. See Terry v. Sullivan, 903 F.2d 1273, 1275 n.1  
(9th Cir. 1990).

1 If such a finding [of non-severity] is not clearly  
2 established by medical evidence, however, adjudication  
3 must continue through the sequential evaluation  
4 process. SSR 85-28 at 22-23.

5  
6 See also Smolen v. Chater, 80 F.3d 1273, 1290 (9th Cir. 1996) (the  
7 severity concept is "a de minimis screening device to dispose of  
8 groundless claims").

9  
10 In the present case, the medical evidence does not "clearly  
11 establish [ ]" the non-severity of Plaintiff's alleged mental  
12 impairments. A GAF of 45 "is indicative of a disabling level of  
13 impairment." Castaneda v. Apfel, 2001 WL 210175 \*3 (D. Or. Jan. 18,  
14 2001). Moreover, Dr. Dittamore's records suggest more than slight  
15 depression and paranoia (A.R. 148-50, 156, 158-61). Notwithstanding  
16 one consultative examiner's conflicting opinion, and the lack of  
17 hospitalizations, the medical evidence plainly does not "clearly  
18 establish [ ]" the non-severity of Plaintiff's mental problems. See  
19 Webb v. Barnhart, 433 F.3d 683, 687 (9th Cir. 2005) (error to find  
20 impairment not severe when medical evidence is "ambiguous").

21  
22 The respect ordinarily owed to treating physicians' opinions  
23 buttresses this conclusion. Treating physicians' opinions "must be  
24 given substantial weight." Embrey v. Bowen, 849 F.2d 418, 422 (9th  
25 Cir. 1988); see Rodriguez v. Bowen, 876 F.2d 759, 762 (9th Cir. 1989)  
26 ("the ALJ must give sufficient weight to the subjective aspects of a  
27 doctor's opinion . . . This is especially true when the opinion is  
28 that of a treating physician") (citation omitted). Even where the

1 treating physician's opinions are contradicted,<sup>2</sup> "if the ALJ wishes to  
 2 disregard the opinion[s] of the treating physician he . . . must make  
 3 findings setting forth specific, legitimate reasons for doing so that  
 4 are based on substantial evidence in the record." Winans v. Bowen,  
 5 853 F.2d 643, 647 (9th Cir. 1987) (citation, quotations and brackets  
 6 omitted); see Rodriguez v. Bowen, 876 F.2d at 762 ("The ALJ may  
 7 disregard the treating physician's opinion, but only by setting forth  
 8 specific, legitimate reasons for doing so, and this decision must  
 9 itself be based on substantial evidence") (citation and quotations  
 10 omitted); McAllister v. Sullivan, 888 F.2d 599, 602 (9th Cir. 1989)  
 11 ("broad and vague" reasons for rejecting the treating physician's  
 12 opinions do not suffice).

13  
 14 Section 404.1512(e) of 20 C.F.R. provides that the  
 15 Administration "will seek additional evidence or clarification from  
 16 your medical source when the report from your medical source contains  
 17 a conflict or ambiguity that must be resolved, the report does not  
 18 contain all of the necessary information, or does not appear to be  
 19 based on medically acceptable clinical and laboratory diagnostic  
 20 techniques." See Smolen v. Chater, 80 F.3d 1273, 1288 (9th Cir.  
 21 1996) ("If the ALJ thought he needed to know the basis of Dr.  
 22 Hoeflich's opinions in order to evaluate them, he had a duty to  
 23 conduct an appropriate inquiry, for example, by subpoenaing the  
 24 physicians or submitting further questions to them. He could also  
 25 have continued the hearing to augment the record") (citations

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26  
 27 <sup>2</sup> Rejection of an uncontradicted opinion of a treating  
 28 Smolen v. Chater, 80 F.3d 1273, 1285 (9th Cir. 1996); Gallant v.  
Heckler, 753 F.2d 1450, 1454 (9th Cir. 1984).

1 omitted); see also Brown v. Heckler, 713 F.2d 441, 443 (9th Cir.  
2 1983) ("the ALJ has a special duty to fully and fairly develop the  
3 record and to assure that the claimant's interests are considered").  
4

5 In the present case, the ALJ erred by rejecting the treating  
6 physician's opinions without stating specific, legitimate reasons for  
7 doing so, and without attempting to recontact the physician. The ALJ  
8 erred by failing even to discuss the specifics from Dr. Dittemore's  
9 reports, including the GAF rating. See Salvador v. Sullivan, 917  
10 F.2d 13, 15 (9th Cir. 1990) (implicit rejection of treating  
11 physician's opinion cannot satisfy Administration's obligation to set  
12 forth "specific, legitimate reasons").  
13

14 Defendant argues that Dr. Dittemore's opinions do not merit  
15 the weight the law accords to treating physicians' opinions because  
16 Dr. Dittemore assertedly "had no longitudinal treatment history of  
17 Plaintiff" (Defendant's Motion for Summary Judgment, filed  
18 January 17, 2007, at 6). Defendant's argument must be rejected.  
19 According to the Ninth Circuit, even a physician who sees a claimant  
20 only twice qualifies as a "treating physician." Ghokassian v.  
21 Shalala, 41 F.3d 1300, 1303 (9th Cir. 1994); see also Benton v.  
22 Barnhart, 331 F.3d 1030, 1036-39 (9th Cir. 2003) (supervising  
23 psychiatrist who saw the claimant only once can qualify as a treating  
24 physician). Dr. Dittemore evidently saw Plaintiff at least four  
25 times and prescribed medication for Plaintiff over a period of many  
26 months (A.R. 148-50, 156, 158-61). Dr. Dittemore qualifies as a  
27 "treating physician." See id.  
28

1 When a court reverses an administrative determination, "the  
 2 proper course, except in rare circumstances, is to remand to the  
 3 agency for additional investigation or explanation." INS v. Ventura,  
 4 537 U.S. 12, 16 (2002) (citations and quotations omitted). Remand is  
 5 proper where, as here, additional administrative proceedings could  
 6 remedy the defects in the decision. McAllister v. Sullivan, 888 F.2d  
 7 599, 603 (9th Cir. 1989); see generally Kail v. Heckler, 722 F.2d  
 8 1496, 1497 (9th Cir. 1984).

9  
 10 The Ninth Circuit's decision in Harman v. Apfel, 211 F.3d 1172  
 11 (9th Cir.), cert. denied, 531 U.S. 1038 (2000) ("Harman") does not  
 12 compel a reversal rather than a remand of the present case. In  
 13 Harman, the Ninth Circuit stated that improperly rejected medical  
 14 opinion evidence should be credited and an immediate award of  
 15 benefits directed where "(1) the ALJ has failed to provide legally  
 16 sufficient reasons for rejecting such evidence, (2) there are no  
 17 outstanding issues that must be resolved before a determination of  
 18 disability can be made, and (3) it is clear from the record that the  
 19 ALJ would be required to find the claimant disabled were such  
 20 evidence credited." Harman at 1178 (citations and quotations  
 21 omitted). Assuming, arguendo, the Harman holding survives the  
 22 Supreme Court's decision in INS v. Ventura, 537 U.S. 12, 16 (2002),<sup>3</sup>  
 23 the Harman holding does not direct reversal of the present case.  
 24 Here, the Administration must recontact the treating physician  
 25 concerning "outstanding issues that must be resolved before a  
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27 <sup>3</sup> The Ninth Circuit has continued to apply Harman despite  
 28 INS v. Ventura. See Benecke v. Barnhart, 379 F.3d 587, 595 (9th  
 Cir. 2004).

1 determination of disability can be made." Further, it is not clear  
2 from the record that the ALJ would be required to find Plaintiff  
3 disabled for the entire claimed period of disability were the  
4 opinions of the treating physician credited.

5  
6 **CONCLUSION**

7  
8 For all of the foregoing reasons,<sup>4</sup> Plaintiff's and Defendant's  
9 motions for summary judgment are denied and this matter is remanded  
10 for further administrative action consistent with this Opinion.

11  
12 LET JUDGMENT BE ENTERED ACCORDINGLY.

13  
14 DATED: January 19, 2007.

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16 \_\_\_\_\_/S/\_\_\_\_\_  
17 CHARLES F. EICK  
18 UNITED STATES MAGISTRATE JUDGE  
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27 <sup>4</sup> The Court has not reached any other issue raised by  
28 Plaintiff except insofar as to determine that Plaintiff's arguments  
in favor of reversal rather than remand are unpersuasive.